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THE HAMPDEN HIPPOCRAT

APRIL-MAY 1989
VOLUME XXXXV NO. 1

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On our cover is Holyoke Hospital in Holyoke, Massachusetts. See related article on page 8 in this issue.

The official bulletin for The Hampden District of the Massachusetts Medical Society. Founded in 1942 by Edward P. Bagg, Jr., M.D. and William A. R. Chapin, M.D.

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HAMPDEN DISTRICT MEDICAL SOCIETY 1989-1990 SEASON

ANNUAL MEETING

PLACE:	**CARRIAGE HOUSE** Old Storrowton Tavern West Springfield, MA
DATE:	Tuesday, April 11, 1989
BUSINESS MEETING:	6:00 p.m.
SOCIAL HOUR:	7:00 p.m.
DINNER:	7:30 p.m., Spouses are welcome!
SPEAKERS:	RANDOLPH B. FENNINGER, Esq. Washington Government Relations Specialist
SUBJECT:	Washington Update

NOTE: If you must cancel your dinner reservation, please call the HDMS office before noon on April 11th. If the cancellation is not made, you will be BILLED for your dinner.

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HDMS President's Message

Last Gasp

J. Gordon Rich, M.D., President

This article represents my last literary effort on these pages. It has been rewarding to have access to this "bully pulpit", and to offer my views on matters great and small. Some of you have even made favorable comments on some of my efforts; and for those kind words, my thanks.

We all wish Nancy Weiss good luck during her tenure as President of our society, and welcome Joseph Keenan as President-Elect, and Mark Mullan as Vice President.

There is a threat hanging over our heads that I would like to comment on, and that is the likelihood of a steep rise in our professional liability insurance premiums. The Massachusetts Medical Society found that it had spent about two million dollars on actuarial and legal fees trying to participate in the rate setting process. The usual scenario that has played out each year is that the Rate Setting Commission would come in with a "low ball" figure for the next yearly rate, and the Joint Underwriting Association would come in with an unreasonable "high ball" rate request. The Massachusetts Medical Society would undertake an actuarial analysis, and come in with a realistic "middle ground" estimate, and incur considerable expense in the process. Usually something like the Mass. Medical Society estimate would be adopted. In short, our medical society has been paying the tab for most of the serious actuarial research and estimating work being done. We, the dues paying members, have been footing the bill. This has become prohibitively expensive, and the Mass. Medical Society has withdrawn from the process; and will only re-enter it if its actuarial and legal costs can be put out to bid on a lump sum basis at reasonable cost. Reasonable cost is thought to be something like $250,000 per year.

This leaves the JUA and the Rate Setting Commission by themselves to come up with the 1990 professional liability rate structure. This is rather like having two loose cannon rolling about the deck of a foundering ship.

Dr. Barry Manuel is our state society vice president currently, and has been in the professional liability arena for many years. He states that there is currently legislation on the books prohibiting more retroactive billing for the years 1975 to 1982. However, the JUA states that there is a 140 million dollar shortfall for those years, and wants to extract the "deficit" from our hides. One hundred and forty million dollars plus accrued interest going back to 1975 may turn out to be $400 million or who-knows-what amount.

continued

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Now then, assuming that Dr. Manuel is right, and we can't legally be billed for a deficit incurred between 1975 and 1982; what is to stop our being billed "prospectively" for what is, in fact, an old fiscal shortfall? The answer seems to be; not much as of now. Our current professional liability rates—with retroactive payments thrown in—are about twice the national average. Of course, we can't recoup further increases in this area, because our remuneration rates are effectively capped.

I would hope that if we get hit with a substantial premium increase, over and above our current insurance rates, that an "affordability crisis" would be apparent, and that a grassroots rebellion would promptly follow. After all, if Senator Linda Melconian can refuse to cough up a couple of hundred bucks retroactive premium payment on her auto insurance, and make a case for the reasonableness of her position, why should physicians tolerate a financial hemorrhage that threatens to destabilize their practices? Unhappily, about the only way we ever seem to get the political apparatus here to take problems seriously and to take remedial action is when some sort of a crunch occurs—witness our current overall state fiscall mess and the current scramble going on to deal with it.

Ultimately, with professional liability costs out of control, more practicioners will be motivated to retire, stop doing surgery, or in other ways restrict their activities. The public will face further increasing medical care costs, restricted access to care, and deteriorating quality. "Consumer Issue" oriented politicians can not allow the events depicted above to play out, and still claim to serve the public interest.

I think that all of us must keep a watchful idea on the situation, and start asking ourselves just how much pain we can tolerate before saying "No More."! ■

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Holyoke Hospital

This is the second in a continuing series of articles featuring Western Massachusetts Hospitals

In an era of budget cuts and rising medical costs, Holyoke Hospital endures as a leader in local health care by combining traditional values of community with a forward-looking vision. The hospital continues to improve its facilities, expand its programs, upgrade its equipment and draw increasingly upon a field of qualified physicians, nurses and other medical professionals.

Enhancing services both to staff and patients has continued throughout the past several years, as the hospital has remained responsive to the needs and problems of those it serves.

"When problems come up, they are resolved intelligently. That always has been one of the strengths of the hospital, and it continues to be," said Dr. Lorne C. Smith, President of the hospital's Medical Staff. "In general, Holyoke Hospital's administration and board of directors have a very close working relationship with the medical staff."

Doctors Norman Halpern, left, and Frank Myers on one of Holyoke Hospital's new medical/surgical units.

In response to the needs of its physicians, in 1989 Holyoke Hospital became the only hospital in Western Massachusetts to employ in-house physicians who are not interns or residents. Some hospitals in New York City and elsewhere in the country are beginning such staffing, but the concept is relatively new in the United States.

"It's a major change in the quality of health care," said Dr. Samuel J. Brendler, Holyoke Hospital Medical Director and Chief of Staff. "The senior management here has the vision to do it and is willing to take a risk. This is real-ground-breaking management... It probably will set a standard for community hospitals across the United States. It's a win-win situation. Everybody wins—the doctor, the patient, the hospital, especially the nurses."

In-house physicians are board certified in their specialties. They work with the attending physician, at the attending physician's request, to provide care for patients when the attending physician is not present. This can be helpful particularly in the Cardiac Care and Intensive Care units.

The first in-house physician is working and a second will start in June. The current plan calls for hiring a third so that the hospital will be staffed seven-days a week, 24-hours a day.

In January of 1988 Holyoke Hospital began offering a special service to its doctors—computers. Through hospital-provided terminals in their offices, doctors can call up information from the hospital, including radiology reports, laboratory test results, registration information, and pharmacological information for inpatients. The hospital's computer department designed a security mechanism that makes it possible for only the attending physician to get information about his or her patient. Doctors in Holyoke and Chicopee have taken advantage of the service.

The computer service is a "tremendous convenience," said Dr. Norman Halpern, Chief of Medicine at Holyoke Hospital.

Computers also have played a key role in the ongoing expansion of services of the hospital's Medical Library. The past year saw an increase of physicians' use of DIALOB, a giant combination of databases (including Medline) offering physicians, pharmacists, nurses, physical therapists, and other professionals access to medical information from all over the world.

In its search for ways to meet the needs of its medical staff and patients, Holyoke Hospital continues to look at alternative and creative methods of providing services.

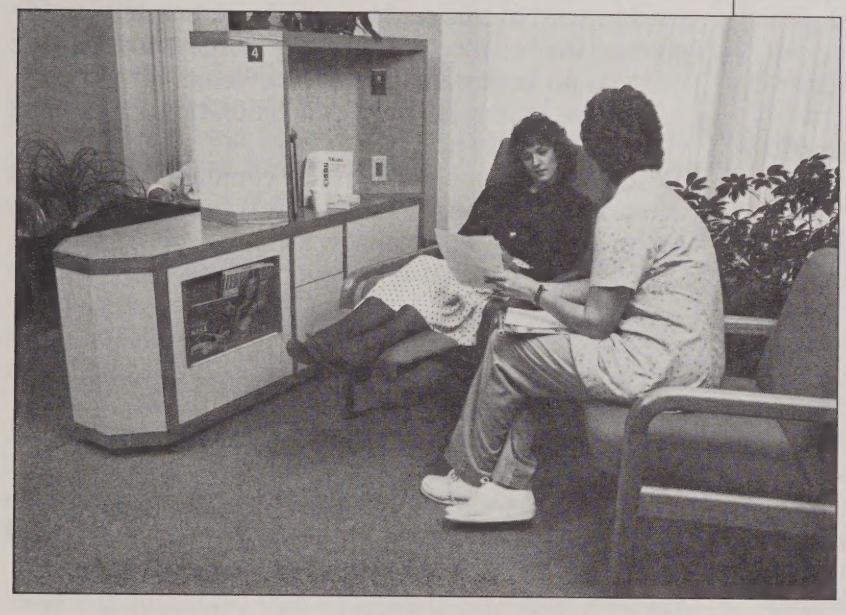
In February, Holyoke Hospital received state approval to enter a consortium with four other western Massachusetts hospitals to share in a $2.5 million mobile magnetic resonance imaging (MRI) service.

"We feel the addition of MRI will mark a major improvement in our diagnostic capabilities," said Holyoke Hospital President Hank J. Porten. "We're extremely pleased that our patients will be able to recieve these services without having to leave their community." Porten expects the MRI service will begin at Holyoke Hospital this summer.

continued

Holyoke Hospital continued

In addition to improving services, the hospital also has focused on its physical plant. Ongoing modernization of medical-surgical facilities at the hospital continued in the past year. The first floor of the hospital's South Building was refurbished, featuring the most advanced equipment, an efficient design that encourages better patient care, and a modern, cheerful environment. the design complements the building's new 124-bed addition which was completed in 1987.



Holyoke Hospital's new Short Stay Surgery Unit.

The new addition at Holyoke Hospital was designed to maximize patient comfort and provide a state-of-the-art working environment for staff and physicians.

"The doctors certainly appreciate the new medical and surgical floors," said Dr. Brendler.

The hospital's Cardiac Care Unit and Progressive Care Unit (formerly called Telemetry) currently are being renovated. The new units will be located on the second floor, adjacent to the ICU which the hospital also plans to expand and renovate, said Hank Porten. The new ICU and CCU will feature all private rooms, designed to maximize patient comfort. The PCU will contain one private and five semi-private rooms.

The location of these new units will form an efficient critical care area with crucial departments—including Radiology, Fluoroscopy and Surgery, Emergency—close by. Holyoke will be the only hospital in the area that will have all critical units all on one floor, according to Dr. Brendler.

"Having both ICU and CCU on one floor, along with PCU, should make things better for everybody," said Dr. Halpern.

In January of this year, the hospital opened a new Center for Psychiatry. The 20-bed Center provides short-term care for adults. The facility features extensive community and therapy space as well as physicians' offices close at hand. A second unit for long-term psychiatric care is being planned.

The completely renovated Short-Stay Surgery unit has been well received by doctors and patients. The unit provides a safe and comfortable atmosphere for patients in a spacious and quiet recovery area adjacent to modern surgical suites.

"Physically, it's excellently designed," Dr. Brendler said. "The patient moves through there efficiently and with a great deal of care."

The hospital's Emergency Room, which celebrated its 25th anniversary in October, also underwent complete renovation in 1988. A new nurses' station allows continous observation of patients, while an electronic monitoring system tramsmits vital data to the station. The facility includes a new state-of-the-art trauma room containing two "power columns" which keep essential medical equipment close at hand. The ER, which sees approximately 35,000 patients each year, also contains improved pediatric and orthopedic rooms, "on-call" rooms for physicians and nine new acute beds.

The Advanced Life Support team keeps Holyoke Hospital in the forefront locally in emergency response capabilities, providing advanced paramedic care. The hospital runs an Advanced Life Support vehicle which receives hundreds of calls a month. Equipment in the vehicle allows physicians in the Emergency Room to be in direct

continued

radio contact with the ALS team. This gives the physician vital information, such as an EKG reading, even before the patient is wheeled throught the ER doors.

Holyoke Hospital remains committed to a program of continuous improvement in its 260-member medical staff.

In Anesthesiology, the hosptial added two nurse anesthetists to the staff. With five anesthesiologists and the two nurse anesthetists, the department is now at full capacity.

One of the hospital's policy goals is to increase the numbers of physicians who are board-certified in their specialties, said Dr. Brendler. The hospital staff currently is about 85 percent board certified, and the hospital in the relatively near future expects to become staffed with close to 95 percent board-certified physicians. Holyoke Hospital is actively recruiting doctors who are board certified in special areas.

"The quality of care here is excellent," said Dr. Halpern.

All questions of staffing have continued to be addressed by Holyoke Hospital throughout the past several years. Responding to the current nursing shortage, the hospital undertook several initiatives, including a cooperative effort with Holyoke Community College in 1988. The hospital agreed to provide a challenge grant to provide funding for 10 additional nursing students over a two-year period at the school. The hospital's Medical Staff and Board of Directors have already raised more than $20,500 from their own members for the George L. Anderson Challenge Grant for Nurses Education. The grant was named after the first vice chairman of the hospital's Board of Directors who died in November. Holyoke Hospital also has participated in job fairs throughout the county and instituted an international recruitment program. The combination of efforts has helped the hospital cut its RN vacancies in half during the past year.

Reaching out into the community remains an important mission for Holyoke Hospital. The hospital expanded and instituted new programs such as its heart health series, a family health expo, and stress management and Alzheimer's programs, to provide improved health care to the public.

In March 1988 the hospital started a Cholesterol Club to help people with elevated cholesterol levels to lower those levels and reduce the risk of heart disease. The club currently has more than 1,000 members. In June 1988, Holyoke Hospital's sic-day cholesterol screening held at local malls attracted 12,100 people. The hospital instituted a Senior Care Program in 1988 with more than 400 people 44 and older as members.

"It keeps its members informed and up-to-date on health-related issues that are of importance to them," said Sharon Casey, R.N., the hospital's Community Health Education coordinator. Since 16.3 percent of the population in the hospital's service area is 65 and older, (the elderly make up 14 percent statewide) the hospital sees reaching out to this segment of the community an important way to meet community needs and keep the hospital an important part of the community's life.

In a time of hospital fiscal difficulties, Holyoke Hospital enjoys good health.

"It's a near miracle that in this community a hospital can give quality health care to everybody that appears at its door and still manage to break even," says Dr. Smith. "The hospital is dealing with all the problems facing health care today and still operates efficiently."

Throughout its 97-year history, Holyoke Hospital has remained a strong and vital force in the health of its community.

"As the hospital environment gets tougher," said Dr. Smith "I think Holyoke Hospital will do very well. It is efficient and clearly provides an important service to Holyoke and surrounding areas." ■

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January District Meeting

The second meeting of the 1988-1989 season was held at the Sheraton West in West Springfield on January 24, 1989. It was attended by 120 members and spouses. The dinner was preceded by the usual Business Meeting.

After approval of the minutes of the previous meeting and the 1989-1990 Treasurer's Report, a Legislative Update was given by Dr. Mark Mullan. Dr. Mullan informed us that MMS's Legislative Committee has made support of a No-Fault Malpractice System its highest priority for 1989. Its second priority is to establish a formula to convert claims made to a current malpractice insurance policy. Another bill filed on behalf of the MMS would allow Blue Cross/Blue Shield subscribers to be compensated for using services of non-participating physicians.

Dr. Alan Nelson addressed the membership

Dr. Gregory Slachta is Vice-Chairman of National Legislation for MMS and reported on that activity. He stated that Medicare payments for physician will be cut by 12% as part of a $5 billion cut from the final budget. RBRVS will be the highlight of this budget. There will also be legislation concerning conflict of interest on the part of physicians and it is suspected that all types of physician joint ventures will be outlawed.

Dr. Lorne Smith, Insurance Committee Chairman, reviewed details of a plan that our society has entered into with Monarch Life for discounted disability insurance and said that a mailing will be sent out to physicians to see who is interested. Dr. Smith also reviewed changes made by the Massachusetts JUA. Both of these subjects will be highlighted in a report to the Hampden Hippocrat.

Dr. Juan Penhos provided an update on the Liability Investigative Fund being run by Dr. Leonard Morse.

Dr. Charles Cahill reviewed the fund raising efforts of the Pioneer Valley Legal Defense Fund.

The Business Meeting was adjourned to be followed by a social hour and dinner and a presentation by Dr. Alan R. Nelson, President-Elect of the American Medical Association.

This reviewer found Dr. Nelson's presentation to be among the most knowledgeable and well organized discussions he has heard in many years and thus will enlighten/bore you with following detailed summary.

What's Going On and Where are We Going!

The environment of medicine is driven by a budget driven Congress and a media driven population—our society is media driven and information driven. Thus, the mass media has such a strong influence on our attitudes that it is leading to a distrust of our institutions. Such masses of information are being compiled and spewed out by computers, that the mass media is overwhelming the public with information on health and the life sciences, much of it confusing and conflicting, thus leading to a distrust of the institution of medicine.

Currently the Office of the Inspector General assumes that ten percent of physicians are guilty of fraud and it has over 300 FBI agents assigned to investigate complaints against physicians. As our credibility has eroded, the public develops a schizophenic mind-set from which they don't know whom to believe. Distrust of us as an institution leads to an erosion of our professional autonomy.

The second major environmental factor is the cost of medical care. This is THE driving force that governs government policy in the attitudes of public payers, particularly in organized business. There has been a predictable failure in the expectation that increased competition will lead to control of medical costs.

Eight years ago the common wisdom was that the way to control medical costs was to increase competition and practice preventive medicine. But, while competition may hold down unit rate cost, it increases the demand and the availability of services. (When Wendy's opens across from McDonald's the price of hamburger may be held down, but the number of hamburgers sold rises dramatically.) Preventive medicine is a laudable goal, but as you prolong life you increase the amount of medical care a person will need in his lifetime. Thus, cures for heart disease or cancer will probably dramatically increase the need for long term medical care. Preventive health care efforts are laudable because they increase the quality of our life, not because they necessarily play a prominent role in the control of health costs. The business community loves it because it postpones the expensive terminal illness until the worker is retired and on Medicare, thus keeping business costs down, but in the broader picture, it is not a cost saver.

What do the patients want? They want it all. They want the best of everything and to pay for nothing. In the AMA polls done in 1987 when asked what is the main problem facing health care, 67% said it was the cost of health care. But, when asked in another way—among other priorities such as education, support for the elderly

continued

January District Meeting continued

or defense, are we spending too much or not enough or about the right amount on health care, 51% said not enough.

Where are we going? First of all, we will see pressure state by state for mandatory assignment as this is a key issue with AARP. Secondly, HCFA will continue to collect data on hospital mortality and also collect data on individual physician performance. Thirdly, existing laws will be enforced and medical necessity provisions will be implemented. Roll backs of fees for the so called high-priced procedures will continue and Physician Payment Review Commission will continue work on its recommendation for physician payment reform due in April. They have expressed support for the RBRVS to be the basis for their recommendation. The key question is whether mandatory assignment will be linked to that.

The Hsiao Study was received and evaluated by the AMA. They found the methodology was not perfect, but not far off, but they were concerned with other areas of substantial deficiency that would need to be fixed before it could be used as a system for scheduled payments. Among the areas that need substantial improvements are:

1) More work needs to be done to determine the cost of practice.
2) Pre and post procedure work is an area of major deficiency.
3) Evaluation and management services needs to be defined better, e.g. the difference between an oncologist evaluating the status of a cancer patient vs. an internist evaluating the status of a hypertensive patient.

The AMA House of Delegates concluded that the RBRVS as a schedule of payments with an indemnity system combined with the right of physician to bill the difference would be an acceptable way for the physician payment reform.

Simultaneously with all of the above activity will come pressure for a National Health Service. As diverse publications in the Wall Street Journal, New England Journal of Medicine, and Health Affairs have all (of late) been carrying articles promoting National Health Service.

What must we do at this juncture to meet these problems that confront us? First, we must set our goals and decide that we are going to win and do it. We have much going for us, intelligence, education, influence, wealth, and political clout; as long as we stay organized and keep our eye on our goals, we can win.

What should these goals be?

1) We have to have professional autonomy commensurate with our responsibility. We must stop erosion of our professional autonomy—patients want us in charge.
2) Equity and fairness in reimbursement. This must include the concept that those who can afford to pay a portion of their health care costs, do so.
3) We must have full due process in all reviews. We must be presumed innocent until proven guilty when questioned on practice patterns.
4) We must have the freedom to make clinical decisions without being forced into situations of unreasonable conflict of interest.
5) We must have relief from our malpractice crisis.

There followed a variety of questions and answers fielded by Dr. Nelson which did not expand appreciably on his main message. ■

Terry D. Ryan, M.D.

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Dr. Cahill's Correspondence with Governor Dukakis

November 28, 1988

Governor Michael Dukakis
State House
Boston, MA 02133

Dear Governor Dukakis,

I am writing to you on behalf of my patients, as well as all of the women in the Springfield area.

By now I am sure that you have heard that Attorney General James Shannon has filed suit against 24 local Obstetricians-Gynecolotists accusing them of anti-trust violations, (Commonwealth of Massachusetts vs. Charles Cahill, et al). This case has received statewide as well as national attention, since the outcome of the case will set a precedent for future relations between providers (doctors) and third party payors (insurance companies).

The facts that the accusations are preposterous, that the so called conspiracy is non-existent, and that the talent of politics is glaringly obvious, are inconsequential at this point in time.

The important matter is the effect this case is having on the availability of adequate health care access for Ob-Gyn patients in the Springfield Area. The number of available Ob-Gyn physicians is not keeping pace with the population growth of the area. Waiting times for appointments is increasing, and physicians are overworked. Several physicians are planning to stop delivering babies, modifying their practices, or retiring. My own group alone will be losing two Obstetrical providers by January 1989.

This lawsuit is expected to drag on for at least two more years. In the meantime physicians must devote more time, energy and money to the defense of the case. Worst of all, physician morale is deteriorating at an alarming rate. The money is a problem, but the time and energy diverted from patient care is the more serious concern, since the patients are the ones who are being short-changed, and they are beginning to become upset.

Massachusetts has become the 'worst case scenario' for physicians in other states, making it difficult to attract new physicians to replace those leaving or retiring. Governor Dukakis, THERE IS NO PHYSICIAN GLUT IN WESTERN MASSACHUSETTS! The suit by the Attorney General makes the Springfield area even less appealing to physicians who might consider setting up practice in the area.

BOTTOM LINE: My purpose in writing to you is NOT to ask you to try to get Mr. Shannon to drop the suit. Several state legislators have already tried to convince him that this legal action is in no one's best interest, but Mr. Shannon seems to be under nobody's control. Anything that you as Governor could do to prevent this fiasco from being unnecessarily prolonged would be appreciated by my partners, myself, and most of all by my patients. I sincerely believe that the longer this judicial circus drags on, the more deleterious it will be for access to health care for this area of the Commonwealth. I hope you can help.

Sincerely,
Charles Wm. Cahill, M.D.

Dr. Cahill updated membership on plight of "Springfield 24" at January Business Meeting.

December 30, 1988

Charles William Cahill, M.D.
Valley Obstetrical and Gynecological Associates, Inc.
125 Liberty Street
Springfield, MA 01103

Dear Dr. Cahill,

Governor Dukakis asked this office to respond to your November 28, 1988 letter regarding the Attorney General's anti-trust action against several physicians in your area.

The Governor has a strict policy of not intervening in, or influencing, adjudicatory proceedings that take place within the administration and its agencies to avoid compromising the integrity of such processes. He has no authority to affect litigation under consideration or filed by an independently elected constitutional officer like the Attorney General. In your letter you made a rather important statement: by virtue of his status as an officer of the Commonwealth, the Attorney General is under no individual's control. As with any elected official, his performances is up for evaluation in the quadrennial state election.

The lawsuit in question is certainly controversial and as is the case with most such issues, the merits of the action are open to debate. However, it is in the hands of the judiciary, where those merits will be tested.

I am sorry that a more aggressive response was not possible. Should your partners have any specific action you think Governor Dukakis could take, I would suggest that you submit them to his chief legal counsel, Donald Stern, at the State House. ■

Sincerely,
Paul L. Horwitz,
Special Assistant to the Secretary

THE 1989 PRIDE IN MEDICINE NURSE/PHYSICIAN QUALITY AWARDS

The 1989 **Pride in Medicine Awards** are sponsored by the Massachusetts Medical Society, the Massachusetts Hospital Association, and the Massachusetts Organization of Nurse Executives.

This year's contest will recognize nurses and physicians throughout Massachusetts who are exemplar professionals, as well as models of positive interaction with each other.

Contest Specifications:

- To be nominated, a candidate must possess an R.N., M.D., or D.O. degree and live or work in the state of Massachusetts.
- *Nursing candidates* must be *nominated by* a member of the *medical profession.*
- *Physician candidates* must be *nominated by* a member of the *nursing profession.*
- Cash awards will be presented in nursing and physician categories. In addition, contest winners will be recognized in state and national publications. Sponsoring hospitals/health care organizations will receive special recognition at the **Awards Ceremony.**
- Printed materials received as part of the nomination process are the property of the Pride in Medicine Project.
- Nominations must be accompanied by an official entry form and supportive essay which must be postmarked no later than ***April, 1989.***
- Mail complete entries to:
  Pride in Medicine Project
  c/o Dr. Mike Magee
  Baystate Medical Center
  Springfield, MA 01199
- **"There is a great story to be told, but it can only be told by you!"**

1989 Pride in Medicine Entry Form

(please print or type)

Nominee Name: _____

Business Address: _____ Telephone: _____

Home Address: _____ Telephone: _____

Category: Nurse: _____ Physician: _____

Affiliated Hospital/Health Care Organization: _____

NOTE: *In not more than 500 words,* describe how the nominee is a model for his/her profession, including specific and personalized accounts of positive nurse-physician relationships, humanitarian characteristics, commitment to patient care and/or positive effect on fellow professionals. *Selections will be based on this essay.*

In submitting this nomination, I acknowledge that the supporting essay becomes the property of the Pride in Medicine Project.

Signature: _____ Date _____

Name (print or type): _____ R.N. __ M.D. __ D.O. __

Business Address: _____ Telephone: _____

Annual Committee Reports

BYLAWS COMMITTEE

During 1988-1989 your Bylaws Committee was called upon to formulate and present bylaws amendments corresponding to the recommendations of the Long Range Planning Committee, approved in principle by the membership in 1988. All amendments were approved without dissent at the membership meeting of October 25, 1988. A new printing of the amended bylaws is pending.

Bruce B. Stoler, M.D.
Chairman

EDUCATION AND LIBRARY COMMITTEE

The Committee on Education and the Library is pleased to report that the Springfield Academy of Medicine has been re-accredited for CME sponsorship for a period of four years. The programs have and will continue to be of high quality for entitlement to this designation.

The committee has been exploring possible alternate sources of income to continue operation of the library during the next two years while the funding by the Hampden District Medical Society is gradually ended.

Meetings have been conducted regularly through the year.

Carl W. Janovsky, M.D.
Chairman

EXECUTIVE COMMITTEE

Monthly meetings of the Executive Committee were held except for July and August. Dr. Gordon Rich, President, presided at all meetings. Agendas were prepared by Dr. Rich and Carol Nystrom, Executive Secretary. Monthly meetings were attended by various members of the Executive Committee, and Mrs. Michael Barnes, Advertising Consultant, also attended all meetings. Meetings were also attended by various invited guests. Legislative up-date reports were given at each meeting, as were reports by Public Relations and Membership. Much energy was spent implementing the recommendations of the Long Range Planning Committee, which had been approved by the full membership. These included changes in the Hampden Hippocrat, the Society's commitment to the Library and various public relations ventures. Various resolutions were entertained and adopted, including those supporting the Life Organization and the Springfield 24 group of obstetricians and gynecologists being sued by the Attorney General on anti-trust matters. In general, it was felt to be a very constructive year for the Executive Committee and the Hampden District Medical Society. Thank you.

Robert L. Goodman, M.D.
Secretary

INSURANCE COMMITTEE

The administration ot the Mass JUA will change this year. The St. Paul Company will no longer be administrator. There may be substantial changes in the immediate future as the results of "in house" management.

The change in the JUA policy concerning premiums for rate classification for any activity in a higher category than one's normal status, has previously been reported. The JUA is under great pressure, at this time, to clarify this policy. As information becomes available, it will be forwarded to Members. As of this writing, the policy is that a physician will be charged in the highest category in which he has any activity. This is a definite change from the previous policy where 30% of one's activity could be in a higher rate category.

A number of events will occur in the few months, all of which will probably lead to higher costs or professional liability insurance for Mass physicians.

An increase of the basic rate has been requested. This is now being considered by the Insurance Commissioner of Massachusetts.

The deferred premium liability for years 1982 to 1986 will again be recalculated for the 1989-1990 rate year. In many rate classifications, the amount assessed to a physician will probably increase.

The Chapter 351, passed in 1986, mandates a surcharge on the basis of experience. The method of calculating the surcharge and the method of determining who will be assessed such a surcharge, is now being considered by the Insurance Commissioner and apparently by a legislative committee. Legislation has been filed to repeal this section of Chapter 351. Should a surcharge be imposed, it is not clear whether another type of retroactive assessment will also be involved for the period since the enactment of the legislation and the institution of this surcharge.

The alleged shortfall for the years 1975-1982 continues to be a potential problem. If an assessment is made for this amount, the current information is that it would be assessed against all physicians now in practice, whether or not they are insured by the JUA, and whether or not they were in practice in the years in question.

Most state specialty organizations are pushing the JUA aggressively for a more accurate accounting of past claims experience and justification of current and past rate calculations. At least two state specialty societies are actively exploring alternative insurance plans.

If several of the above cited events occur in the immediate future, a crises of sufficient magnitude to bring about meaningful changes may occur.

As previously reported, HDMS Members can obtain a significant discount on disability and office overhead insurance from the Monarch Life Insurance Co. This is very high quality insurance. It's main advantage is that limits

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much higher than those available through group insurance can be obtained. Monarch, under certain circumstances, will write as much as $20,000.00 per month in disability insurance. They will also pay benefits under some circumstances for life. This insurance is considerably more expensive than the group plans available to members.

Lester Burdick, Inc. continues to offer excellent noncancellable disability insurance to members of HDMS. There, limits are $1,500.00 per week. They will write this limit until age 60. One is covered as ones speciality. There is available a return to work bonus. Office overhead can be obtained to a limit of $10,000.00 per month. Burdick will also insure physician's employees.

The recently instituted Mass Medical Society group program is administered by Kirk Van Orsdale. Disability insurance here is available to $6,000.00 per month until age 50. Between age 50 and 60, the limit available is $3,000.00 per month. In most instances, this insurance is somewhat more expensive than that available from Burdick, but still less expensive than that available from Monarch.

Physicians should bear in mind that the cost of practice is increasing steadily as the result of increases in the cost of professional liability insurance. For physicians with claims made policies, it is imperative that the insurance remain in force during a period of disability. This should be taken into account in determining how much office overhead insurance one needs.

Members are urged to compare the various programs available to them before purchasing. There are substantial differences in the details of the insurance and particularly in the cost.

Group life insurance is available from a variety of sources, including the AMA, most specialty organizations, the MMS and the HDMS. Most group life insurance costs are approximately the same.

The cost of health insurance from any source is increasing at a very rapid rate. Indemnity type insurance, where the physicians or hospitals bills are paid either in full or according to a formula, is becoming less and less available. Most health insurance available today involves some sort of managed care with admission certification, second opinion for surgical procedures, specific referrals for specialty consultation and operative procedures.

Indemnity type coverage is available through either the Hampden District Medical Society or through the Mass Medical Society. In most instances, the Hampden District program through Lester Burdick, Inc. is much less expensive than that available via KVI. No brochure has been forwarded for health insurance from MMS as of the date of this writing.

The present plan through Burdick will insure grown children once they are no longer students through individual programs. This has proven to be a significant advantage for many family members of local physicians.

Again, comparison shopping is wise.

Lorne C. Smith, M.D.
Chairman

MEDIATION COMMITTEE

The Mediation Committee met periodically throughout the year to review and resolve 23 disputes and misunderstandings.

The case load and case mix have been remarkably consistent during the past few years. Most of this year's cases were relatively minor problems in communication between patients and physicians. None were particularly controversial and none had to be forwarded to the State Society or the Board of Registration of Medicine.

Kenneth M. Frankel, M.D.
Chairman

continued

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MEDICO-LEGAL COMMITTEE

No matter occupied the Medico-Legal Committee this year.

Lester Frank, M.D.
Chairman

MEDICO-RELIGIOUS COMMITTEE

The Medico-Religious Committee sponsored the Fourth Annual Medical Ethics Forum which was held on Wednesday, September 28.

Dr. Fred Rosner, Director of Medicine at Long Island Jewish Medical Center, spoke on Jewish medical ethics. The meeting was attended by 110 health professionals. A video tape of the presentation is available at the medical society.

James G. Fitzpatrick, M.D.
Chairman

MEMBERSHIP COMMITTEE

The Membership Committee conducted its first phonathon on Wednesday, November 9, 1988. The Massachusetts Medical Society's membership recruiter, Ms. Cindy Meehan, assisted with advice. District members, Drs. Kenya, Konefal, Papale, Penhos, Wagner, and myself, made a total of 117 phone calls. Fifty-three area physicians responded favorably to the Phonathon and of these, 16 have been successfully recruited. Further followup continues.

Overall, in 1988 we added 44 members and 6 members advanced to senior status. Thirty-nine residents now belong to the District Society, as do 5 medical students. We now have a grand total of 658 members, out of approximately 1000 M.D.s living in the county.

The Membership Committee has a good number of interested volunteers. We nevertheless would welcome additional "troops". Additional Phonathons are planned periodically.

Robert V. Chircop, M.D.
Chairman

SCHOLARSHIP COMMITTEE

The Scholarship Committee met and reviewed applications from medical students for financial aid.

Eight students received a total of $787.50 each from two seperate funds. Four of these students are female.

Requests for scholarship applications forms are being filled for the 1989-1990 school year.

William B. Coen, M.D.
Chairman

DR. MAX AND IDA L. MILLMAN FOUNDATION

Scholarship loans are also available to medical students through the Dr. Max and Ida L. Millman Foundation. This year five students received $800 each from this account.

Donations from members and friends of the Millman Family have been received during the year.

Students who have been granted a Millman Foundation loan in the past are now practicing physicians and as they send in their loan payments, they send notes to let us know how they are doing.

William B. Coen, M.D.
Chairman

PUBLIC HEALTH COMMITTEE

The Committee held 9 monthly meetings in January-December 1988, with excellent attendance by Drs. Max Chorowski, Walter Pacosa, Francis Riley and Alonzo Sheffield, along with Health Commissioner John Cipolla and Auziliary representative, Mrs. Kay D'Avanzo and several invited guests. We always had the crucial support of Carol Nystrom and Donna Zitka. Regretably, Drs. Paul Moore and Lewis Whiting resigned during the year.

We continued to discuss AIDS and had three articles on the vital subject published in the Hampden Hippocrat, including one by the area infectious disease authority, Dr. Richard Brown of Baystate Medical Center. We were concerned with several other public health issues: stop-smoking programs in physicians offices; the new satellite Clinic for Drug Dependence in the Springfield Health Department Building, as an extension of the Methadone Clinic of the Providence Hospital, Holyoke; the disposal of medical wastes from physicians' offices; the plight of the homeless in our own area, for food as well as shelter and more. We expect to continue to address those issues and others as they come along.

Francis J. Riley, M.D.
Chairman

PUBLIC RELATIONS COMMITTEE

This year the Public Relations Committee had two general meetings to discuss and plan the program for the next two years. With the aid of Michael Barnes, numerous press releases have been prepared and have appeared in the local media. These releases have focused on medical topics, as well as a publicity campaign to highlight the efforts of the Springfield Twenty-four Legal Defense Fund. I want to thank all of the members who have participated in the press releases and wish to emphasize that we do need more help from the

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continued

membership regarding participation in preparing press releases. A major project that we are undertaking is a local cable network television series that will highlight various medical problems and feature local doctors as special guests. This will take several months to develop, and we hope that we will be successful. In the coming year, Alfred Garcia, M.D. will co-chair the committee with me, and I look forward to his leadership.

John J. Papale, M.D.
Chairman

PUBLICATIONS COMMITTEE

The Committee of Publications consisted of Terry D. Ryan, M.D., Nicholas Coe, M.D., and began the year with David Page, M.D. who found it necessary to retire and was replaced with Gulabchand K. Shah, M.D.

The Hampden Hippocrat has continued to publish six issues a year on alternate months with the goal toward supplying pertinent medical, political, legal, and social information to the physicians of the Hampden District as well as being a form for a variety of local and national opinions on medical affairs.

The format of the Hippocrat has remained the same over the year. The Long Range Planning Committee of the medical society has urged that the Hippocrat attempt to become financially self sufficent and this was strongly supported by the Executive Committee of the District Medical Society. After full discussion with the Executive Committee it was decided that the Hippocrat should become financially self sufficent by increasing its advertising income, and this should be done by increasing the cost of the ads rather than increasing the number of ads. Michael Barnes of Barnes & Barnes Advertising was retained to obtain new ads under a new ad fee structure.

It was also decided to increase the circulation of the magazine in an attempt to cover all of Western Massachusetts, thus the physicians of Hampshire, Franklin, and Berkshire were added to the mailing list.

Thus with the first issue of this year (February/March) the new rate structure for advertising was put into place and the circulation was increased to seventeen hundred physicians in Western Massachusetts. It is expected that the new program will gradually bring the Hippocrat up to being financially self sufficent for each issue by the June/July issue.

Any comments or suggestions as to the improvement of the content of the Hippocrat will be greatly appreciated by the committee.

Terry D. Ryan, M.D.
Chairman

TAX SUPPORTED MEDICAL CARE COMMITTEE

Hampden District Medical Society has been represented at the meetings of MMS Committee by Drs. Tauber and Pacosa. There is continuing interaction with the Department of Public Welfare to resolve problems in regards to processing Medicaid claims. Progress is slow but gratifyingly definite. The senior staff of the Department is very cooperative. It is to be noted that fee schedules, as such, are under control of the Rate Setting Commission.

By contrast, problems presented to the Medicare agent (Blue Shield (!)) are not taken seriously. This is in part due to the fact that physicians do not file appeals and complaints. IF YOU RECEIVE ANY REJECTIONS ON MEDICARE BILLS OR HAVE ANY OTHER PROBLEMS WITH PAYMENTS, YOU ARE URGED TO WRITE TO WILLIAM LYBRAND, PH.D., MMS, 1400 MAIN STREET, WALTHAM, MA 02154-1649 OR TO CALL HIS OFFICE AT 1-800-322-2303.

Walter F. Tauber, M.D.
Chairman

HDMS AUXILIARY COMMITTEE

On March 21, 1989 the Hampden District Medical Auxiliary met at Bay Path College for an evening gathering. Dr. Deborah Gilman addressed the membership on the topic "Stress in the Medical Family" for which we were deeply appreciative. Our program chairman, Debra Calvanese, and Lynn Papale made the arrangements for this event. We were happy that working spouses could join us.

In January, Auxiliary members distributed 300 calendars to pediatric patients in local hospitals. Donated by the State auxiliary the calendars combine health rules and art projects, and were given to patients at Shriners Mercy, Providence, Holyoke Hospitals, and Baystate Medical Center. Thanks to our members for their help!

March 15th was the deadline for HDMS Auxiliary Scholarship applications. Joan Hampf, scholarship chairman, is reviewing requests in preparation for awards at the June graduations.

Our State Auxiliary reminds our members that they were billed separately for the State and National dues. It is not too late to continue your memberships.

The HDMS Auxiliary will have a Spring meeting. Please watch your mail for the place and date. ■

Barbara S. Verrilli
Secretary

"The Holyoke Six"

Currently our attention is focused on the "Springfield 27", a group of obstetrician-gynecologists who are being accused by the State of conspiracy. The State alleges that they all conspired to withdraw from Blue shield on the grounds that the insuror was offering a token payment of obstetrical care, which was hardly worth collecting, even if it could be collected. To those in Springfield, the conspiracy theory is absurd, since several of the accused physicians do not talk to each other, and it is apparent to those who practice medical politics in the state that it is almost impossible to get a group of physicians to agree on where to go for lunch, let alone on a more substantive action. Finally, if there ever was even the hint of a conspiracy, it lasted about ten minutes, since some of the "27" never actually withdrew from Blue Shield; others withdrew and returned; and still others retired in the meantime. The governor, however, has assured the Attorney General that despite the illogical and unfounded nature of the charges, the entire resources of the state would be used unstintingly to prosecute the case, since the message had to be sent loud and clear that physicians in Massachusetts had no right to attempt to control their own destiny. After all, it could be demonstrated that the vast majority voted Republican in the last election.

Snavely S. Reptile, noted malpractice attorney at law, has reservations about the whole situation.

"Important and precedent-setting as the case of the Springfield 27 may be," he said in a telephone interview from his condominium in Boca Raton, where he spends his weekends with his wife, Myrtle, "the publicity given to this case is overshadowing an even more important case which, ironically enough, is pending trial in Western Massachusetts as well. I call it the "Holyoke 6".

It seems that a patient was seen by a general internist in Holyoke. A diagnosis of gall bladder disease was made. The patient was referred to a surgeon, who operated in Holyoke Hospital. The specimen was examined by a pathologist at Holyoke Hospital, and a tiny focus of gall bladder cancer was noted. The patient was sent for a second opinion to Baystate Medical Center, where a medical oncologist, a surgical oncologist, and a radiation therapist, in concurrence with a second pathologist, decided that no further therapy was indicated.

Five years later, the patient developed a basal cell cancer near the nose. This was treated successfully.

The patient had a brother-in-law who was a lawyer, who sued the two hospitals and six physicians, together with their chiefs of staff, for malpractice, since all had assured the patient that he was undoubtedly cured of cancer, whereas according to res ipsa loquitor, they were clearly incorrect.

Because the case loomed so large, the lawyer contracted five fellow lawyers, and divided aspects of the case among them. The six made numerous motions, filed briefs, and took depositions. They and their staffs, anticipating a contingency fee of 60% of the $28,000,000 aggregate award they were asking, dropped all their other case work. Finally, the case came to trial.

After eloquent opening statements on the part of the six lawyers, the defense lawyer stood up and said that he had irrefutable proof that the basal cell cancer had not really been a cancer, but only a wart, so the contention of the prosecuting attorneys was clearly in error, and he moved to have the case dismissed. The plaintiff, a gentleman both hard of hearing and simple, took that moment to state *"Basal cell cancer?* The doctor said if he took my wart off my *face'd feel fancier,* and it doesn't. I thought that was why we were on trial here," The judge took the evidence under advisement, and after agonizing over it for several weeks, finally announced his decision to dismiss the case on the grounds that except in the city of Boston, it was impossible to find a jury which could be so misguided as to give the slightest credence to the plaintiff's charges. The judge then encouraged the lawyers to continue their diligent efforts to protect the citizenry, apologized profusely for his finding, and retired from the bench in shame.

The six lawyers then brought suit against the two hospitals, six physicians, and their chiefs of staff. Their contention was that statistically over the course of the careers of the six physicians and during the last 50 years of each hospital's existence, some sort of action which could be even loosely construed as malpractice, even in retrospect, must have occurred;' and that the two hospitals and the six physicians had obviously conspired to not make such an action public, which was obvious from the fact that they had not made the action public; and if the defense could not disprove this contention, they should be liable for paying out a large maplractice award to the attorneys. In addition, suit was brought against the original plaintiff for not having a basal cell cancer as his lawyers had originally believed.

"This landmark case," remarked Reptile, "is really about the rights of lawyers to sue, regardless of whether they have a case or not. After all, whenever a case is tried, one could argue that the losing side did really have a case. If we are to protect the rights of all, we need to assure that the winning side does not need to have a case, either."

"It is also about the right to be sued," went on Reptile. "A slight majority of American citizens and institutions have still not been sued, and it is patently unfair for the American taxpayer to support a court system which allows suit to be brought only when a law has been broken or rights violated. By removing the requirement that lawsuits have to be about something, citizens and institutions which so far have not been sued can take their rightful place among defendents."

The Governor announced that the state would file an *amicus curie* brief on behalf of the six lawyers, and the "Holyoke 6" defense fund has already accummulated 2.5 million dollars, largely from donations made by lawyers throughout the nation.

R. Cynic, M.D.

Excerpts of MMS Executive Briefs

ICD-9 Codes required for Medicare Part B Claims

A provision of the Medicare Catastrophic Act of 1988 will require physicians to begin using ICD-9-CM codes this spring on all Medicare Part B claims, the American Medical Association told state medical societies earlier this week. The provision was added to the Medicare Act in a closed-door conference committee meeting. The Health Care Financing Administration (HCFA) only recently began notifying carriers of the requirement, and HCFA guidelines on the subject have yet to be published. Physicians who do not comply with the requirement could be subject to fines of $2,000 per incident. Participating physicians would have payments automatically denied, and nonpars could be excluded from the program.

Although the requirements will be implemented as scheduled on April 1, the HCFA did agree to withhold action on any physician noncompliance until June 1 so physicians can make the changeover. The AMA plans to use all its communications vehicles, both print and broadcast, to educate the profession on the requirement, and is looking to coordinate national and regional seminars to help state medical associations inform their members. The MMS will work closely with the AMA so all Massachusetts physicians will be ready to meet the requirement. More information will be available to physicians in coming weeks.

Insurance Division decides JUA Issues

Rulings have recently been issued from the state's Division of Insurance concerning points in the JUA deficit recoupment proceeding and on the "market share" rate to calculate Blue Shield's pass-through for malpractice insurance increases. The Commissioner upheld a hearing officer's 1988 decision that all physicians and hospitals—whether or not insured by the JUA—are liable to pay any deficit. This decision has come in the proceeding that will determine if the JUA can recoup an alleged $140 million deficit for 1975-82. Several parties to the proceeding may bring a court challenge to this ruling. The Insurance Commissioner also ruled that payments for any deficit recoupment cannot be included in the Blue Shield pass-through to reimburse physicians. The MMS is currently assessing whether it should appeal this decision on the pass-through in the courts.

On February 28, the hearing officer ruled that Blue Shield's 1989-90 market share percentage is 25.2 percent (slightly more than the Blue Shield recommendation, but also slightly less than the Society's argument). Calculations on the pass-through are made using the Blue Shield market share of total physician revenue; the actual pass-through dollar amount also depends on the 1989-90 rates and that rate years' deferred premium liability (DPL). Finally, the decision on the 1989-90 rates and DPL, a decision expected on March 1, will be delayed for a few weeks; the JUA's servicing carrier has not yet provided sufficient DPL information to the Insurance Division.

MMS Files *Amicus* Brief in Board Disciplinary case

The Massachusetts Medical Society "weighed in" this week on an appeal to the Massachusetts Supreme Judicial Court (SJC) concerning a disciplinary proceeding at the Board of Registration in Medicine. On January 31, the Society submitted an *amicus curiae* brief in a case concerning the Board, wherein the Board rejected the recommended decision of a hearing officer who had been assigned to hear evidence in the case. Although the hearing officer recommended that charges against the physician be dismissed, the Board chose to revoke the physician's license. The physician appealed the Board's action, and a single SJC justice reversed the Board. The Board then appealed to the full bench.

The MMS while expressly taking no position on the ultimate facts of the controversy, strongly criticized the process by which the Board reached its decision. In the brief, urging the full Court to affirm the decision of the single justice, the MMS said "...the Board's decision-making below has been so flawed in this case that, without regard to any consideration of the merits of the subject complaint, the only fair and constitutional course would be to affirm the Single Justice... Nothing short of such an affirmation can protect the Society's members from future overreaching, result-oriented and draconial enforcement actions of the Board of Registration in Medicine." The case is still in the briefing stage (to be completed in the coming weeks), after which the Court is expected to schedule oral argument before making a decision. ■

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Available in Enfield Mountain Laurel Professional Center. For additional information call Sue Tassone at:

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Program Addresses Needs of the Homeless

As the health needs and social issues of the homeless are recognized, providing health care to them becomes more and more important. The Springfield Health Department, in collaboration with Health Care for the Homeless, Inc., a division of Mercy Hospital and Open Pantry, Inc., has established a program to meet these needs and ensure the homeless access to health care services regardless of ability to pay.

Medical and social services reach the homeless who are housed in nine shelters and four motels in Springfield and West Springfield. The program is funded by Section 340 of the Public Health Service Act through the Department of Health and Human Services.

Some typical problems of the homeless are upper respiratory infections, gastrointestinal problems, traumatic injuries, foot problems, mental illness, nutritional deficiencies, and alcohol and substance abuse. Contractural agreements have been made with W. W. Johnson Life Center, Gandara Mental Health Center, Jewish Family Services of Greater Springfield and Alcohol and Drug Services of Western Massachusetts to provide social services to program participants.

One of the major goals of the program is to help individuals to find medical care and housing on their own in the future. The program makes referrals and coordinates services on an individual basis. ■

Laura Mullen,
Springfield Public Health Department

IN MEMORIAM

ROGER H. CHENEY, M.D. 1912-1988

Dr. Roger H. Cheney, a retired neurosurgeon died at the age of 76 on November 9, 1988. A native of Manchester, Connecticut Dr. Cheney was a graduate of Dartmouth College and the University of Pennsylvania Medical School and returned there to receive his training in neurology and neurosurgery from 1941 to 1944. He practiced neurosurgery on the staffs of many hospitals in Western Massachusetts before his retirement in 1965. He returned to practice in 1974, opening a clinic in West Springfield that specialized in the treatment of headache and pain syndromes.

During his long career he was a member of the Association for Research in Nervous and Mental Diseases, the American Medical Association of Neurological Surgeons, the Congress of Neurological Surgery, the Hampden District Medical Society, the Massachusetts Medical Society and the AMA. ■

Memorial announcements are published by the Hippocrat at the request of associates and/or family.

PART-TIME EXAMINING PHYSICIANS NEEDED

The Military Entrance Processing Station needs medical doctors to conduct enlistment physicals for applicants of the United States Armed Forces. The position is highly suitable for semi-retired physicians who are willing to work when the number of applicants requires additional doctors. Outstanding medical staff. No military experience required. For additional information, please contact Dr. Walter Nero or Chief Rick Stacks, at (413) 732-2609 or write:

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Hampden Committee Activities

HDMS Executive Committee met on January 17, 1989. Among the new business items discussed was Executive Brief Distribution. The MMS Executive Brief has been approved for expanded distribution throughout the districts and to hospital staffs. (Highlights of the Executive Brief will also be included in the Hippocrat.)

Dr. Cahill reported on the January 15, 1989, fund raiser and plans were made for the District Meeting on January 24, 1989.

The next Executive Committee Meeting was held on February 21, 1989. After discussion of District Meeting finances and approval of Annual Reports, a discussion of participation of Doctor's Day ensued. Under the auspices of the HDMS Auxiliary there will be screening programs for cholesterol and blood pressure in a variety of the hospitals. The date for this program will be Thursday, March 30, 1989.

There was a lengthy discussion of retroactive billing which is discussed by Dr. Rich in his President's Page in the current issue.

Ms. Michael Barnes reviewed the media coverage for Dr. Nelson's January visit. A variety of articles are being planned by physicians in their individual subspecialties. Dr. Papale wishes to try for a grant to work through Continental Cable Vision.

The Hippocrat costs were reviewed. The February/March issue was mailed to 1,800 physicians in Western Massachusetts at a cost of over $3,000. Ms. Barnes stated that it will take two or three issues before a profit can be shown.

The Public Health Committee met on January 10, 1989. The meeting was chaired by Dr. Reilly and it consisted of a presentation by Commissioner Cipolla and Ms. Laura Mullen, Public Health Educator, of a Health Department film which was funded by a Dexter Fund Grant. The film was designed to be shown at speaking engagements. Commissioner Cipolla showed the half hour film to the committee. A discussion followed at the close of the film centered on the School Health Unit which committee members felt had not been shown to advantage in the film. ■

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Welcome New Members

Susan M. Anti
5 Evangeline Drive
Wilbraham, MA 01095

PREMED:	College of the Holy Cross 1986
MEDICAL:	Tufts University 1986-Present
STUDENT:	

Thomas J. Campfield, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN:	November 29, 1951
PREMED:	St. Vincent College, PA 1969-1973
MEDICAL:	Jefferson Medical College, PA 1973-77
INTERNSHIP:	Childrens' Hospital, Ohio 1977-1978
RESIDENCY:	Childrens' Hospital, Ohio 1978-80
FELLOWSHIP:	Univ. of Utah Medical Center 1981-84
SPECIALITY:	Pediatrics/Neonatal-Perinatal Medicine

Chester F. Francyk, M.D.
444 Montgomery Street
Chicopee, MA 01020

BORN:	April 16, 1952
PREMED:	Boston College 1970-74
MEDICAL:	State University of New York at Buffalo 1974-78
INTERNSHIP:	Childrens' Hospital Medical Center, Ohio 1978-79
RESIDENCY:	Childrens' Hospital Medical Center, Ohio 1979-81
SPECIALTY:	Pediatrics

Kevin J. Quinlan, M.D.
163 Silver Street
Agawam, MA 01001

BORN:	October 2, 1955
PREMED:	Trinity College, CT 1975-78 Rensselaer Polytechnic Institute, NY 1974-75
MEDICAL:	St. George University School of Medicine, West Indies 1980-82 University of Connecticut School of Medicine 1982-84
INTERNSHIP	St. Raphael's Hospital, CT 1984-85
RESIDENCY:	LaGuardia Hospital, NY 1985-86 St. Mary's Hosptial, CT 1986-6/88
SPECIALTY:	Internal Medicine

continued

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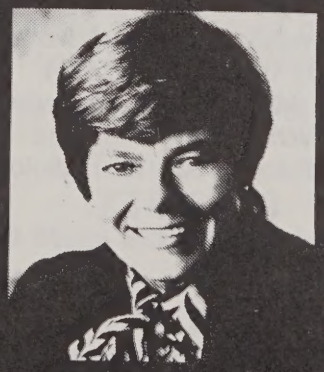

Betty Rae Poppo, CLU, ChFC

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Welcome New Members

continued from previous page

Nabil H. Raheb, M.D.
266 Essex Street #209
Holyoke, MA 01040

BORN: April 8, 1951
PREMED: University of Damascus Medical Faculty 1971-77
MEDICAL: University of Damascus Medical Faculty 1971-77
RESIDENCY: 1984-87
SPECIALTY: Internal Medicine

Richard J. Tredeau, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN: March 6, 1955
PREMED: University of Notre Dame 1973-77
MEDICAL: New York Medical College 1978-82
INTERNSHIP: Wilford Hall, USAF Medical Center 1982-83
RESIDENCY: Wilford Hall, USAF Medical Center 1983-85
SPECIALITY: Pediatrics/Administrative

Mark S. Bean, M.D.
780 Chestnut Street
Springfield, MA 01107

BORN: April 6, 1947
PREMED: St. Olaf College, Minnesota 1965-69
MEDICAL: University of South Dakota 1971-73
Tufts University 1973-74
INTERNSHIP: Mt. Auburn, Massachusetts 1974-75
RESIDENCY: University of Michigan 1975-78
SPECIALTY: Radiology/Pediatric Radiology

Thomas E. Clarke, M.D.
299 Carew Street
Springfield, MA 01104

BORN: May 12, 1944
PREMED: Dartmouth College, NH 1962-66
MEDICAL: Dartmouth Medical School 1966-68
Harvard Medical School 1968-70
INTERNSHIP: University of California at San Francisco-Moffitt Hospital 1970-71
RESIDENCY: Moffitt Hospital 1971-72; Dartmouth Hospitals 1972-74; Newington Childrens' Hospital 1974-75
SPECIALTY: Orthopedic Surgery

Richard J. Hicks, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

BORN: March 3, 1957
PREMED: Boston University College of Liberal Arts 1975-81
MEDICAL: Boston University School of Medicine 1977-81
INTERNSHIP: Framingham Union Hospital, MA 1981-82
RESIDENCY: Albany Medical Center, NY 1982-85
FELLOWSHIP: Albany Medical Center 1985-86
Massachusetts General Hospital 1986-87
SPECIALITY: Radiology/Neuroradiology

George E. Karras, Jr., M.D.
Mercy Hospital
271 Carew Street
Springfield, MA 01104

BORN: September 4, 1952
PREMED: Alfred University, Alfred, NY 1970-74
MEDICAL: Rutgers Medical School 1977-80
INTERNSHIP: Rutgers Medical School Affiliated Hospitals 1980-81
RESIDENCY: Rutgers Medical School Affiliated Hospitals 1981-83
FELLOWSHIP: University of Health Sciences/Chicago Medical School 1984-86
SPECIALTY: Internal Medicine/Critical Care Medicine

Robert L. Lounsbury, M.D.
305 Bicentennial Highway
Springfield, MA 01118

BORN: April 3, 1952
PREMED: University of Pennsylvania 1970-74
MEDICAL: Temple University School of Medicine 1974-78
INTERNSHIP: Baystate Medical Center 1978-79
RESIDENCY: Baystate Medical Center 1981-83
SPECIALTY: Internal Medicine

Jay M. Ungar, M.D.
26 Ridgewood Terrace
Springfield, MA 01105

BORN: May 22, 1948
PREMED: Wilkes College, PA 1966-70
MEDICAL: Hahanemann Medical College, PA 1970-74
INTERNSHIP: Springfield Hospital, MA 1974-75
RESIDENCY: Medical Center of Western MA 1975-76; Baystate Medical Center 1976-78
SPECIALTY: Internal Medicine/Geriatrics

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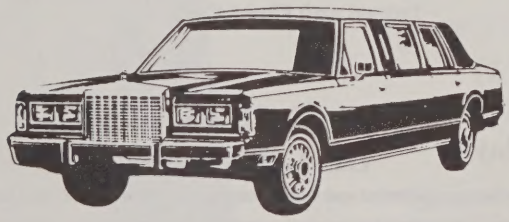

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